



Town of Watertown

Building Department
149 Main St., Watertown, MA 02472
Tel: (617)972-6480 / Fax: (617)926-7778
www.watertown-ma.gov

Office Use Only

Permit # _____

Date Issued: _____

Application for Permit to Build

Work Location:

Property Address _____, Watertown

People:

Owner of Record _____ Street Address _____ City/Town _____ State _____ Telephone Number _____

Architect/Engineer _____ Street Address _____ City/Town _____ State _____ Telephone Number _____

General Contractor _____ Street Address _____ City/Town _____ State _____ Telephone Number _____

Massachusetts Construction Supervisor's License Number _____ Expiration Date _____

Home Improvement Contractor's Registration _____ Expiration Date _____

Structure:

Existing Use (Residential, Commercial, etc.) _____ Proposed Use of Building _____ If Dwelling, Number of Families _____

Building Setbacks from Property Line: Existing: Front _____ Side _____ / _____ Rear _____

Proposed: Front _____ Side _____ / _____ Rear _____

Submit in Duplicate (2 sets): ☐ Plans ☐ Specifications ☐ Plot Plan-Certified/Dated

(Construction Control Affidavit required, if in excess of 35,000 cubic feet)

Total estimated Construction Costs: \$ _____ Permit Fee \$ _____ (due at time of filing)

Fee based on \$15 per \$1,000 of total estimated construction costs –

check/money order payable to Town of Watertown or exact cash only.

These Statements are made under penalty of perjury by: ☐ Owner ☐ Contractor/Authorized Agent

Signature: _____ Print Name: _____

Daytime Tel. #: _____ E-Mail: _____

Approved by: Upon approval, permit may be mailed to applicant, if requested.

Mike Mena, Zoning Enforcement Officer

DATE

Ken Thompson, Inspector of Buildings

DATE

Revision 3-25-11

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS

FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL C. 142A. Please present Photo License & Proof of Insurance at time of filing

DETAILED DESCRIPTION OF WORK TO BE PERFORMED:

Any changes in scope of work from described, fee will be adjusted upon field inspection.

☐ New Construction ☐ Existing Building ☐ Addition ☐ Repairs ☐ Demolition ☐ Other

Basement: _____

1st Floor: _____

2nd Floor: _____

3rd Floor: _____

Other: _____

D.P.W. Non-excavating permit required before any vehicle drives over curbs, grass plots or sidewalks.

Debris Form

In accordance with the provisions of MGL c. 40, § 54, a condition of the Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A.

The debris will be disposed of in: _____

Check List: ☐ Application ☐ Fee ☐ Plot Plan ☐ Drawings ☐ Photo ID ☐ Insurance



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Town of Watertown Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: Ken Thompson, Inspector of Buildings Phone #: 617-972-6480